

OBSERVED BEHAVIOR REASONABLE SUSPICION RECORD

PERSONNEL OFFICE USE ONLY

Employee Number _____

Location _____

Incident Number _____

DRIVER'S NAME

DATE OBSERVED

ADDRESS OF INCIDENT:

Street

City

State

Zip Code

TIME OBSERVED

FROM _____ a.m. p.m.

TO _____ a.m. p.m.

Reasonable suspicion determined for:

☐ Alcohol

☐ Controlled Substances

Mark items that apply and describe specifics

1. **APPEARANCE:** normal _____ sleepy _____ tremors _____ clothing _____ cleanliness _____

Description: _____

2. **BEHAVIOR:** _____

normal _____ erratic _____ irritable _____ inappropriate gaiety _____ mood swings _____ lethargic _____

Description: _____

3. **SPEECH:** _____

Description: _____

4. **BODY ODORS:** _____

5. **INDICATIONS OF THE CHRONIC AND WITHDRAWAL EFFECTS OF CONTROLLED SUBSTANCES:**

☐ YES

☐ NO

EXPLAIN: _____

6. **OTHER OBSERVATIONS FOR REASONABLE SUSPICION:**

WITNESSED BY:

Signature

Title

Preparation Date

Time

a.m.
p.m.

Signature

Title

Preparation Date

Time

a.m.
p.m.

THE ALCOHOL TEST MUST BE ADMINISTERED WITHIN EIGHT HOURS FOLLOWING A
REASONABLE SUSPICION DETERMINATION

EMPLOYER: RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE